

02/21/02

A

J1000 U.S. PTO  
02/19/02

# UTILITY PATENT APPLICATION TRANSMITTAL

Our Docket No.: 14005.01 | Date: February 19, 2002  
 First Named Inventor: Wolfgang Daum  
 Title: STENT AND METHOD FOR DRUG DELIVERY  
 FROM STENTS  
 Express Mail No.: EV 040212989 US

J10020562 PTO  
02/19/02

ADDRESS TO:

Commissioner for Patents  
 Box Patent Application  
 Washington, D.C. 20231

APPLICATION ELEMENTS

1.  Fee Calculation Sheet  
(Submit an original and a duplicate for fee processing)
2.  Applicant claims small entity status
3.  Specification Total Pages: 16
  - Descriptive title of the invention
  - Cross References to Related Applications
  - Statement Regarding Fed. Sponsored R&D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings
  - Detailed Description
  - Claims
  - Abstract of the Disclosure
4.  Drawings (35 U.S.C. 113) Total Sheets: 2
5.  Oath or Declaration Total Pages: 3
  - a.  Newly Executed (original or copy)
  - b.  Copy from a prior application (37 C.F.R. 1.63(d))  
(for continuation/divisional with Box 19 completed)
    - I.  DELETION OF INVENTOR(S)  
Signed statement attached deleting  
inventor(s) named in the prior application  
(see 37 C.F.R. 1.63(d)(2) and 1.33(b))
6.  Application Data Sheet (37 C.F.R. 1.76)

7.  CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8.  Nucleotide and/or Amino Acid Sequence Submission  
(If applicable, all necessary)
  - a.  Computer Readable Form (CRF)
  - b.  Specification Sequence Listing on:
    - i.  CD-ROM or CD-R (2 copies); or
    - ii.  paper
  - c.  Statement verifying identify of above copies

ACCOMPANYING APPLICATION PARTS

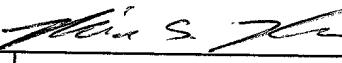
9.  Certification Under 35 U.S.C. 122(b)(2)(B)(i)
10.  Assignment Papers (cover sheet & document(s))
11.  37 C.F.R. 3.73(b) Submission
12.  Power of Attorney
13.  English Translation Document (if applicable)
14.  Information Disclosure Statement  
(with Copies of Citations as necessary)
15.  Preliminary Amendment Total Pages:
16.  Return Receipt Postcard  
(Should be specifically itemized)
17.  Certified Copy of Priority document(s)  
(If foreign priority is claimed)
18.  Other: Check No. 903783 in the amount of \$647.00

19. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:

Continuation     Division     Continuation-in-part (CIP)    of prior Application No.:

For continuation or divisional applications: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference.

CORRESPONDENCE ADDRESS

|           |                                                                                           |                                                                                                 |                         |
|-----------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------|
| ATTY NAME | Min (Amy) S. Xu<br>Reg. No. 39,536                                                        | SIGNATURE:  | DATE: February 19, 2002 |
| ADDRESS   | DORSEY & WHITNEY LLP<br>Suite 1500<br>50 South Sixth Street<br>Minneapolis, MN 55402-1498 |                                                                                                 |                         |
| TELEPHONE | 612-752-7367                                                                              |                                                                                                 |                         |
| FAX       | 612-340-8856                                                                              |                                                                                                 |                         |

**APPLICATION  
FEE TRANSMITTAL SHEET  
(FOR FY 2002)**

*Complete if Known*

|                      |               |
|----------------------|---------------|
| Application No.      | Not Yet Known |
| Filing Date          | Herewith      |
| First Named Inventor | Wolfgang Daum |
| Group Art Unit       | Not Yet Known |
| Examiner Name        | Not Yet Known |
| Atty. Docket Number  | 14005.01      |

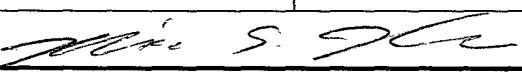
| <b>METHOD OF PAYMENT (Check One)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |             |                    | <b>FEE CALCULATION (Continued)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |  |                  |              |       |                    |             |             |             |             |                 |                 |        |                    |     |                                           |                                                        |     |     |       |                                                        |                                                    |     |                                                                |     |                                            |                   |     |     |     |                                                 |                                                                                    |    |     |   |                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--|--|------------------|--------------|-------|--------------------|-------------|-------------|-------------|-------------|-----------------|-----------------|--------|--------------------|-----|-------------------------------------------|--------------------------------------------------------|-----|-----|-------|--------------------------------------------------------|----------------------------------------------------|-----|----------------------------------------------------------------|-----|--------------------------------------------|-------------------|-----|-----|-----|-------------------------------------------------|------------------------------------------------------------------------------------|----|-----|---|---------------------------------------------------------|
| 1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:<br>Deposit Account No.: 04-1420<br>Deposit Account Name: DORSEY & WHITNEY LLP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |             |                    | 3. <b>ADDITIONAL FEES</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th colspan="2"></th> <th rowspan="2" style="text-align: right;">Fee<br/>paid</th> </tr> <tr> <th>Fee<br/>Code</th> <th>Fee<br/>(\$)</th> <th>Fee<br/>Code</th> <th>Fee<br/>(\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> </tr> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - Late nonprovisional filing fee or oath</td> </tr> <tr> <td>126</td> <td>180</td> <td>126</td> <td>180</td> <td>Submission of IDS</td> </tr> <tr> <td>581</td> <td>40</td> <td>81</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties) \$40.00</td> </tr> </tbody> </table> |                 |  |  | Large Entity     | Small Entity |       |                    | Fee<br>paid | Fee<br>Code | Fee<br>(\$) | Fee<br>Code | Fee<br>(\$)     | Fee Description | 127    | 50                 | 227 | 25                                        | Surcharge - late provisional filing fee or cover sheet | 105 | 130 | 205   | 65                                                     | Surcharge - Late nonprovisional filing fee or oath | 126 | 180                                                            | 126 | 180                                        | Submission of IDS | 581 | 40  | 81  | 40                                              | Recording each patent assignment per property (times number of properties) \$40.00 |    |     |   |                                                         |
| Large Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Small Entity |             |                    | Fee<br>paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |  |  |                  |              |       |                    |             |             |             |             |                 |                 |        |                    |     |                                           |                                                        |     |     |       |                                                        |                                                    |     |                                                                |     |                                            |                   |     |     |     |                                                 |                                                                                    |    |     |   |                                                         |
| Fee<br>Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Fee<br>(\$)  | Fee<br>Code | Fee<br>(\$)        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Fee Description |  |  |                  |              |       |                    |             |             |             |             |                 |                 |        |                    |     |                                           |                                                        |     |     |       |                                                        |                                                    |     |                                                                |     |                                            |                   |     |     |     |                                                 |                                                                                    |    |     |   |                                                         |
| 127                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 50           | 227         | 25                 | Surcharge - late provisional filing fee or cover sheet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |  |  |                  |              |       |                    |             |             |             |             |                 |                 |        |                    |     |                                           |                                                        |     |     |       |                                                        |                                                    |     |                                                                |     |                                            |                   |     |     |     |                                                 |                                                                                    |    |     |   |                                                         |
| 105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 130          | 205         | 65                 | Surcharge - Late nonprovisional filing fee or oath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |  |                  |              |       |                    |             |             |             |             |                 |                 |        |                    |     |                                           |                                                        |     |     |       |                                                        |                                                    |     |                                                                |     |                                            |                   |     |     |     |                                                 |                                                                                    |    |     |   |                                                         |
| 126                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 180          | 126         | 180                | Submission of IDS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |  |  |                  |              |       |                    |             |             |             |             |                 |                 |        |                    |     |                                           |                                                        |     |     |       |                                                        |                                                    |     |                                                                |     |                                            |                   |     |     |     |                                                 |                                                                                    |    |     |   |                                                         |
| 581                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 40           | 81          | 40                 | Recording each patent assignment per property (times number of properties) \$40.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |  |                  |              |       |                    |             |             |             |             |                 |                 |        |                    |     |                                           |                                                        |     |     |       |                                                        |                                                    |     |                                                                |     |                                            |                   |     |     |     |                                                 |                                                                                    |    |     |   |                                                         |
| 2. <input checked="" type="checkbox"/> Check Enclosed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |  |  |                  |              |       |                    |             |             |             |             |                 |                 |        |                    |     |                                           |                                                        |     |     |       |                                                        |                                                    |     |                                                                |     |                                            |                   |     |     |     |                                                 |                                                                                    |    |     |   |                                                         |
| <b>FEES CALCULATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |  |  |                  |              |       |                    |             |             |             |             |                 |                 |        |                    |     |                                           |                                                        |     |     |       |                                                        |                                                    |     |                                                                |     |                                            |                   |     |     |     |                                                 |                                                                                    |    |     |   |                                                         |
| 1. <b>BASIC FILING FEE</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th colspan="2"></th> </tr> <tr> <th>Fee<br/>Code</th> <th>Fee<br/>(\$)</th> <th>Fee<br/>Code</th> <th>Fee<br/>(\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>114</td> <td>160</td> <td>214</td> <td>80</td> <td><input type="checkbox"/> Prov. Filing Fee</td> </tr> <tr> <td>101</td> <td>740</td> <td>201</td> <td>370</td> <td><input checked="" type="checkbox"/> Utility Filing Fee</td> </tr> <tr> <td>106</td> <td>330</td> <td>206</td> <td>165</td> <td><input type="checkbox"/> Design Filing Fee</td> </tr> <tr> <td>108</td> <td>740</td> <td>208</td> <td>370</td> <td><input type="checkbox"/> Reissue Filing Fee</td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>Subtotal (1)</b> \$370.00</td> </tr> </tbody> </table> |              |             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |  |  | Large Entity     | Small Entity |       |                    | Fee<br>Code | Fee<br>(\$) | Fee<br>Code | Fee<br>(\$) | Fee Description | 114             | 160    | 214                | 80  | <input type="checkbox"/> Prov. Filing Fee | 101                                                    | 740 | 201 | 370   | <input checked="" type="checkbox"/> Utility Filing Fee | 106                                                | 330 | 206                                                            | 165 | <input type="checkbox"/> Design Filing Fee | 108               | 740 | 208 | 370 | <input type="checkbox"/> Reissue Filing Fee     | <b>Subtotal (1)</b> \$370.00                                                       |    |     |   |                                                         |
| Large Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Small Entity |             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |  |  |                  |              |       |                    |             |             |             |             |                 |                 |        |                    |     |                                           |                                                        |     |     |       |                                                        |                                                    |     |                                                                |     |                                            |                   |     |     |     |                                                 |                                                                                    |    |     |   |                                                         |
| Fee<br>Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Fee<br>(\$)  | Fee<br>Code | Fee<br>(\$)        | Fee Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |  |  |                  |              |       |                    |             |             |             |             |                 |                 |        |                    |     |                                           |                                                        |     |     |       |                                                        |                                                    |     |                                                                |     |                                            |                   |     |     |     |                                                 |                                                                                    |    |     |   |                                                         |
| 114                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 160          | 214         | 80                 | <input type="checkbox"/> Prov. Filing Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |  |  |                  |              |       |                    |             |             |             |             |                 |                 |        |                    |     |                                           |                                                        |     |     |       |                                                        |                                                    |     |                                                                |     |                                            |                   |     |     |     |                                                 |                                                                                    |    |     |   |                                                         |
| 101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 740          | 201         | 370                | <input checked="" type="checkbox"/> Utility Filing Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |  |  |                  |              |       |                    |             |             |             |             |                 |                 |        |                    |     |                                           |                                                        |     |     |       |                                                        |                                                    |     |                                                                |     |                                            |                   |     |     |     |                                                 |                                                                                    |    |     |   |                                                         |
| 106                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 330          | 206         | 165                | <input type="checkbox"/> Design Filing Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |  |  |                  |              |       |                    |             |             |             |             |                 |                 |        |                    |     |                                           |                                                        |     |     |       |                                                        |                                                    |     |                                                                |     |                                            |                   |     |     |     |                                                 |                                                                                    |    |     |   |                                                         |
| 108                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 740          | 208         | 370                | <input type="checkbox"/> Reissue Filing Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |  |  |                  |              |       |                    |             |             |             |             |                 |                 |        |                    |     |                                           |                                                        |     |     |       |                                                        |                                                    |     |                                                                |     |                                            |                   |     |     |     |                                                 |                                                                                    |    |     |   |                                                         |
| <b>Subtotal (1)</b> \$370.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |  |  |                  |              |       |                    |             |             |             |             |                 |                 |        |                    |     |                                           |                                                        |     |     |       |                                                        |                                                    |     |                                                                |     |                                            |                   |     |     |     |                                                 |                                                                                    |    |     |   |                                                         |
| 2. <b>EXTRA CLAIM FEES</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Number<br/>Claims</th> <th style="text-align: left;">Prior</th> <th style="text-align: left;">Extra</th> <th style="text-align: left;">Fee from<br/>Below*</th> <th style="text-align: left;">Fee Paid</th> <th colspan="2"></th> </tr> <tr> <th>Total</th> <td>23</td> <td>-</td> <td>20 = 3</td> <td>x \$9.00 = \$27.00</td> <td colspan="2"></td> </tr> </thead> <tbody> <tr> <td>Indep.</td> <td>8</td> <td>-</td> <td>3 = 5</td> <td>x \$42.00 = \$210.00</td> <td colspan="2"></td> </tr> <tr> <td colspan="5">           IMultiple Dependent Claims x = <br/> <b>Subtotal (2)</b> \$237.00         </td> <td colspan="2"></td> </tr> </tbody> </table>                                                                                                                                                                               |              |             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |  |  | Number<br>Claims | Prior        | Extra | Fee from<br>Below* | Fee Paid    |             |             | Total       | 23              | -               | 20 = 3 | x \$9.00 = \$27.00 |     |                                           | Indep.                                                 | 8   | -   | 3 = 5 | x \$42.00 = \$210.00                                   |                                                    |     | IMultiple Dependent Claims x =<br><b>Subtotal (2)</b> \$237.00 |     |                                            |                   |     |     |     |                                                 |                                                                                    |    |     |   |                                                         |
| Number<br>Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Prior        | Extra       | Fee from<br>Below* | Fee Paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |  |  |                  |              |       |                    |             |             |             |             |                 |                 |        |                    |     |                                           |                                                        |     |     |       |                                                        |                                                    |     |                                                                |     |                                            |                   |     |     |     |                                                 |                                                                                    |    |     |   |                                                         |
| Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 23           | -           | 20 = 3             | x \$9.00 = \$27.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |  |                  |              |       |                    |             |             |             |             |                 |                 |        |                    |     |                                           |                                                        |     |     |       |                                                        |                                                    |     |                                                                |     |                                            |                   |     |     |     |                                                 |                                                                                    |    |     |   |                                                         |
| Indep.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8            | -           | 3 = 5              | x \$42.00 = \$210.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |  |  |                  |              |       |                    |             |             |             |             |                 |                 |        |                    |     |                                           |                                                        |     |     |       |                                                        |                                                    |     |                                                                |     |                                            |                   |     |     |     |                                                 |                                                                                    |    |     |   |                                                         |
| IMultiple Dependent Claims x =<br><b>Subtotal (2)</b> \$237.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |  |  |                  |              |       |                    |             |             |             |             |                 |                 |        |                    |     |                                           |                                                        |     |     |       |                                                        |                                                    |     |                                                                |     |                                            |                   |     |     |     |                                                 |                                                                                    |    |     |   |                                                         |
| *<br>Large Entity      Small Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |  |  |                  |              |       |                    |             |             |             |             |                 |                 |        |                    |     |                                           |                                                        |     |     |       |                                                        |                                                    |     |                                                                |     |                                            |                   |     |     |     |                                                 |                                                                                    |    |     |   |                                                         |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th colspan="2"></th> </tr> <tr> <th>Fee<br/>Code</th> <th>Fee<br/>(\$)</th> <th>Fee<br/>Code</th> <th>Fee<br/>(\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>102</td> <td>84</td> <td>202</td> <td>42</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>104</td> <td>280</td> <td>204</td> <td>140</td> <td>Multiple dependent Claim</td> </tr> <tr> <td>109</td> <td>84</td> <td>209</td> <td>42</td> <td>Reissue independent claims over original patent</td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table>                                                   |              |             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |  |  | Large Entity     | Small Entity |       |                    | Fee<br>Code | Fee<br>(\$) | Fee<br>Code | Fee<br>(\$) | Fee Description | 103             | 18     | 203                | 9   | Claims in excess of 20                    | 102                                                    | 84  | 202 | 42    | Independent claims in excess of 3                      | 104                                                | 280 | 204                                                            | 140 | Multiple dependent Claim                   | 109               | 84  | 209 | 42  | Reissue independent claims over original patent | 110                                                                                | 18 | 210 | 9 | Reissue claims in excess of 20 and over original patent |
| Large Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Small Entity |             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |  |  |                  |              |       |                    |             |             |             |             |                 |                 |        |                    |     |                                           |                                                        |     |     |       |                                                        |                                                    |     |                                                                |     |                                            |                   |     |     |     |                                                 |                                                                                    |    |     |   |                                                         |
| Fee<br>Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Fee<br>(\$)  | Fee<br>Code | Fee<br>(\$)        | Fee Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |  |  |                  |              |       |                    |             |             |             |             |                 |                 |        |                    |     |                                           |                                                        |     |     |       |                                                        |                                                    |     |                                                                |     |                                            |                   |     |     |     |                                                 |                                                                                    |    |     |   |                                                         |
| 103                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 18           | 203         | 9                  | Claims in excess of 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |  |  |                  |              |       |                    |             |             |             |             |                 |                 |        |                    |     |                                           |                                                        |     |     |       |                                                        |                                                    |     |                                                                |     |                                            |                   |     |     |     |                                                 |                                                                                    |    |     |   |                                                         |
| 102                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 84           | 202         | 42                 | Independent claims in excess of 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |  |  |                  |              |       |                    |             |             |             |             |                 |                 |        |                    |     |                                           |                                                        |     |     |       |                                                        |                                                    |     |                                                                |     |                                            |                   |     |     |     |                                                 |                                                                                    |    |     |   |                                                         |
| 104                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 280          | 204         | 140                | Multiple dependent Claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |  |  |                  |              |       |                    |             |             |             |             |                 |                 |        |                    |     |                                           |                                                        |     |     |       |                                                        |                                                    |     |                                                                |     |                                            |                   |     |     |     |                                                 |                                                                                    |    |     |   |                                                         |
| 109                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 84           | 209         | 42                 | Reissue independent claims over original patent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |  |  |                  |              |       |                    |             |             |             |             |                 |                 |        |                    |     |                                           |                                                        |     |     |       |                                                        |                                                    |     |                                                                |     |                                            |                   |     |     |     |                                                 |                                                                                    |    |     |   |                                                         |
| 110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 18           | 210         | 9                  | Reissue claims in excess of 20 and over original patent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |  |  |                  |              |       |                    |             |             |             |             |                 |                 |        |                    |     |                                           |                                                        |     |     |       |                                                        |                                                    |     |                                                                |     |                                            |                   |     |     |     |                                                 |                                                                                    |    |     |   |                                                         |
| OTHER FEE (specify)<br><b>Subtotal (3)</b> \$40.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |  |  |                  |              |       |                    |             |             |             |             |                 |                 |        |                    |     |                                           |                                                        |     |     |       |                                                        |                                                    |     |                                                                |     |                                            |                   |     |     |     |                                                 |                                                                                    |    |     |   |                                                         |
| <b>Total Amount of Payment:</b> \$647.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |  |  |                  |              |       |                    |             |             |             |             |                 |                 |        |                    |     |                                           |                                                        |     |     |       |                                                        |                                                    |     |                                                                |     |                                            |                   |     |     |     |                                                 |                                                                                    |    |     |   |                                                         |

Submitted by:

Name: Min (Amy) S. Xu

Reg. No.: 39,536

Telephone: (612) 752-7367

Signature: 

Date: February 19, 2002

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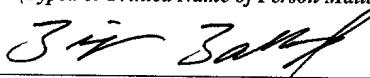
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|------------------------------------------------------------------|--------------------------------|----------------------------------|----------------------------------------|
| Serial No.<br><b>Not Yet Known</b>                               | Filing Date<br><b>Herewith</b> | Examiner<br><b>Not Yet Known</b> | Group Art Unit<br><b>Not Yet Known</b> |
| Invention: <b>STENT AND METHOD FOR DRUG DELIVERY FROM STENTS</b> |                                |                                  |                                        |

I hereby certify that this **Spec w/Cover (17); Frml Drwgs (2); Appln Data (2); Check #903783; Decl (3); POA (1); Assignment (3); sub 3.73(b)(1) (Identify type of correspondence) Fee Trans(1); Appn Trans(1)**

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|-----------------------|-------------------------------------------------------|-----------------|---------------|
| First Named Inventor: | Wolfgang Daum                                         |                 |               |
| Appln. No.:           | Not Yet Known                                         |                 |               |
| Filing Date:          | Herewith                                              | Examiner:       | Not Yet Known |
| Title:                | <b>STENT AND METHOD FOR DRUG DELIVERY FROM STENTS</b> | Group Art Unit: | Not Yet Known |

## SUBMISSION UNDER 37 C.F.R. § 3.73(b)

Commissioner for Patents  
Washington, D.C. 20231

Sir:

ReStent Therapeutics, Inc., a Delaware corporation, is an owner of the patent application identified above by virtue of either:

A.  An assignment from the inventor(s) of the patent application identified above, a copy of which is attached.

OR

B.  A chain of title from the inventor(s), of the patent application identified above, to the current assignee as shown below:

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The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of **ReStent Therapeutics, Inc.**

Dated: Febr. 2, 2002Signature: 

Name: Wolfgang Daum  
Title: CEO